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APPLICANTS

Christine A. Charles, Teaneck, NJ;
 Mei-Miau Wu, Morris Plains, NJ;
 John F. Coelho, Morristown, NJ;

** CONTINUING DATA ***** 16

** FOREIGN APPLICATIONS ***** 16

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 6	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

27256

TITLE

Method and system for periodontal charting

FILING FEE RECEIVED 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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